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**FACSIMILE COVER SHEET**

DATE: JANUARY 17, 2005

NUMBER OF PAGES (INCLUDING  
THIS TRANSMITTAL COVER SHEET): 13

YOUR REFERENCE: 10/791,072

OUR REFERENCE: 306288

TO: MAIL STOP  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

FACSIMILE NUMBER: (703) 872-9306

FROM: ROGER D. WYLIE

DIRECT LINE: (206) 521-5984

In re Application of:  
PETERSON ET AL.

Application No. 10/791,072

Group 3673

Filed: March 1, 2004

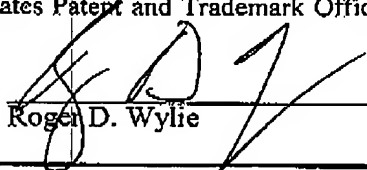
Examiner: Saldano, Lisa M.

For: Sleeping Bag with Cinching Mechanism

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Date: January 17, 2005

  
Roger D. Wylie

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FORM PTO-1083

**PATENT**

Attorney Docket No. 306288  
 Client Reference No. Orgtxt-2-4397  
 Date: January 17, 2005

In re Application of: Peterson et al.  
 Application No. 10/791,072  
 Filed: March 1, 2004  
 For: Sleeping Bag with Cinching Mechanism

Mail Stop  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the subject application.

☐ Applicants claim small entity status of this application under 37 CFR 1.27.

☒ Petition for Extension of Time

☐ Applicants petition for a one-month extension of time under 37 CFR 1.136, the fee for which is \$110.00 (enclosed).

☒ Applicants believe that no petition for an extension of time is necessary. However, to the extent that such petition is deemed necessary, Applicants hereby petition for a sufficient extension of time to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.

☐ No additional claim fee is required.

☐ Other:

The claim fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADDIT. CLAIM FEE	RATE	ADDIT. CLAIM FEE
TOTAL	32	MINUS	26	=4	x 25=	\$	x 50=	\$200.00
INDEPENDENT	3	MINUS	3	=0	x 100=	\$	x 200=	\$0.00
<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE CLAIM				+ 180=	\$	+ 360=	\$0.00
					TOTAL	\$	TOTAL	\$200.00

☒ Please charge my Deposit Account No. 12-1216 in the amount of \$200.00. A duplicate copy of this sheet is attached.

☐ A check in the amount of \$ is attached.

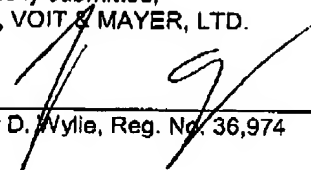
☒ The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216. A duplicate copy of this sheet is attached.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,  
 LEYDIG, VOIT & MAYER, LTD.

Leydig, Voit & Mayer, Ltd.  
 1420 Fifth Avenue, Suite 2200  
 Seattle, Washington 98101  
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By   
 Roger D. Wylie, Reg. No. 36,974

Amendment or ROA Transmittal (Revised 5/1/03)

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PATENT

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By   
Roger D. Wylie, Reg. No. 36,974

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JAN 17 2005

PATENT  
Attorney Docket No. 306288

In re Application of:

Peterson et al.

Application No. 10/791,072

Filed: March 1, 2004

For: Sleeping Bag with Cinching Mechanism

Group Art Unit: 3673

Examiner: Saldano, Lisa M.

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**AMENDMENT A**

Commissioner for Patents  
Washington, D.C. 20231

Sir:

In The Claims

Please amend the following claims as indicated.

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